

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN4709</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, FT SANDERS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2120 HIGHLAND AVE KNOXVILLE, TN 37916</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and testing, the facility failed to install and maintain a positive and negative pressure in clean and soiled rooms.</p> <p>The findings include:</p> <p>Observation on August 26, 2013 the facility failed to have proper air pressure in the following locations:</p> <ol style="list-style-type: none"> <li>At 1:45 p.m. the soiled linen room exhaust was not working by room 125.</li> <li>At 1:50 p.m. the emergency cart room on the first floor which stores clean linens does not have any positive air flow installed.</li> </ol> <p>These findings were verified by the maintenance director and acknowledged by administrator during the exit conference on August 26, 2013.</p>	N 848	<p>N848</p> <ol style="list-style-type: none"> <li>The exhaust vent (roof top) fan motor belt drive was replaced by center Maintenance staff. No residents were found to be affected.</li> <li>No other residents were found to be affected.</li> <li>Continued monitoring of these two issues will be conducted through (P.M) Preventative Maintenance program.</li> <li>On-going monitoring will be conducted by maintenance staff. The Safety Committee will report to the QA Committee when indicated.</li> </ol> <p>The storage room air vent was installed by vendor Air Tech.</p>	<p>08/29/13</p> <p>09/06/13</p> <p>08/29/13</p> <p>08/29/13</p> <p>08/29/13 And On-Going</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

ZN3U21

If continuation sheet 1 of 1

SEP 05 2013